

Name
In
Full

Laura Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Tion* Town*Lucile* CountyDate of death *1905* Month *January* Day *28th*Age *41* Years

Months

Days

Sex *Female*Color or Race *Colored*Birth-place *Elk Neck Md*Occupation *Housewife*

Where Residing if not at place of death

Married, Single or Widowed *Widowed*Name of Wife or Husband *Laura Allen*Father's Name *William Trisby*Father's Birthplace *Elk Neck Md*Mother's Maiden Name *Arthur Johnson*Mother's Birthplace *" " "*Name of person giving information *Anna Robb*How related to deceased *Brother-in-law*

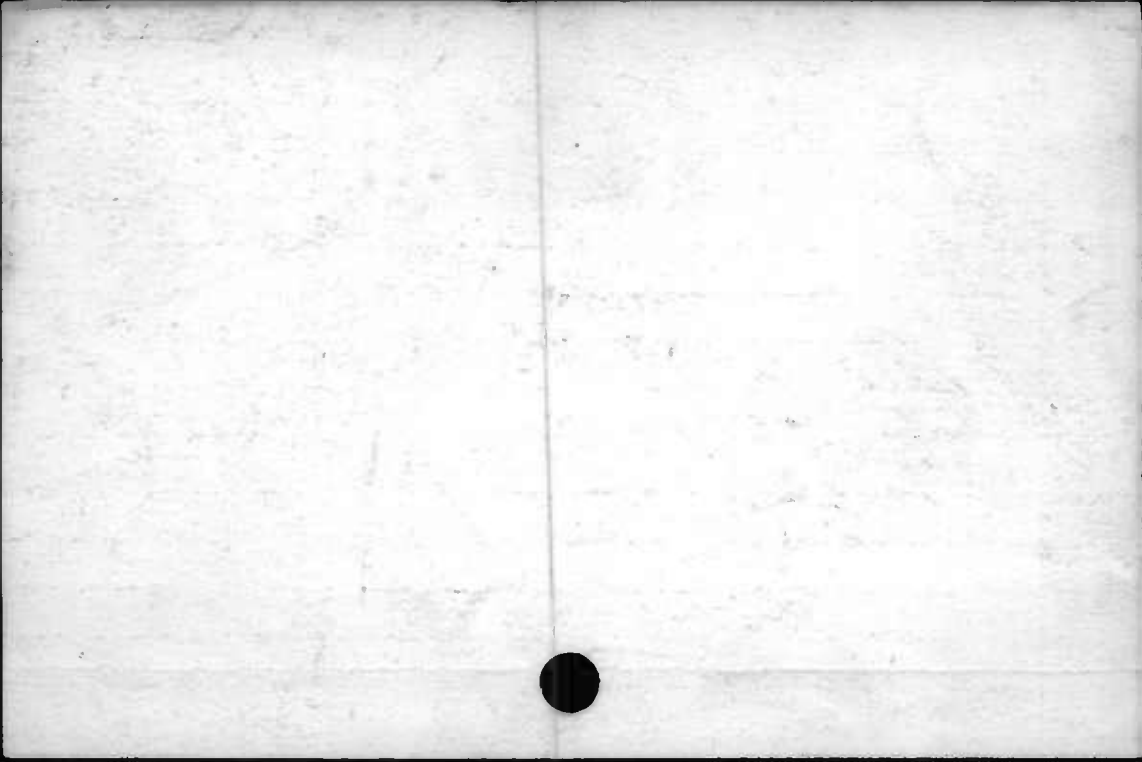
CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Old Age Pneumonia*How long *10 Weeks*Immediate *Scarific Pneumonia*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Chas. F. Miller*Address *North East**Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

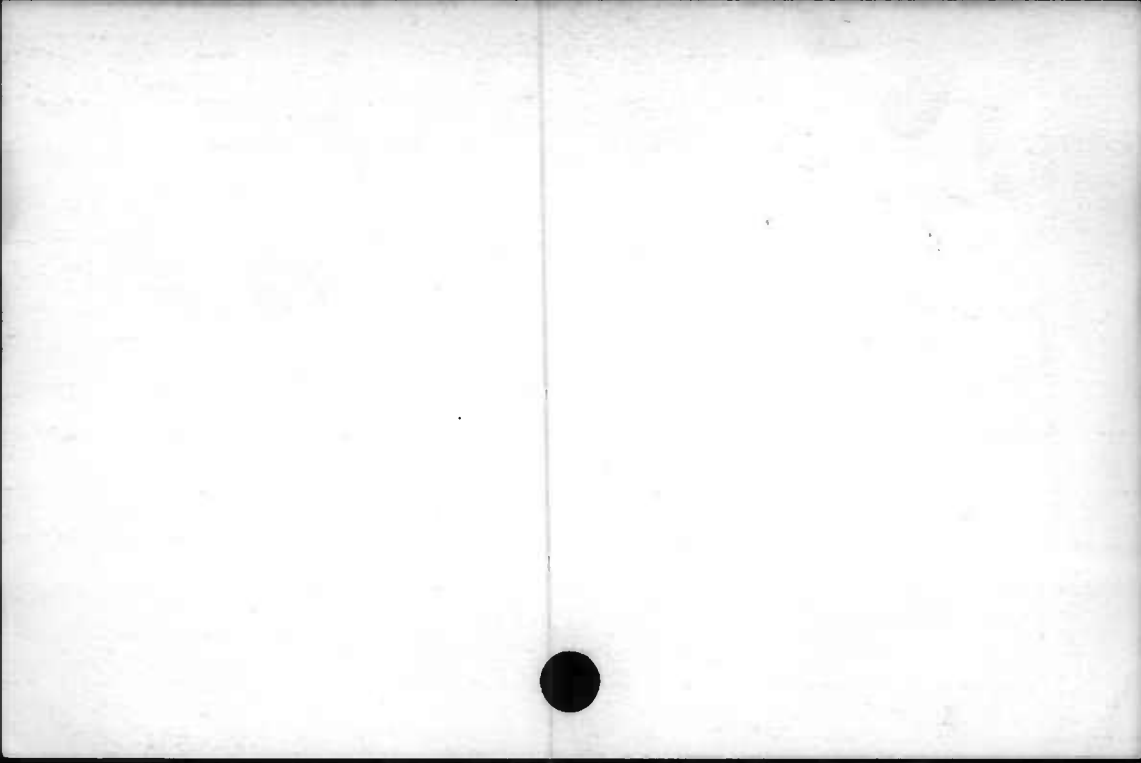
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Electors		County		Beech		MARYLAND	
Date of death		1905	Month	1	Day	15	Age	69	Years
Sex		Female		Color or Race		White		Birth-place	
Occupation				Where Residing if not at place of death		Beecher		No	
Married, Single or Widowed		Widow		Name of Wife or Husband					
Father's Name		John Davis		Father's Birthplace		Kent			
Mother's Maiden Name		Hannah Wallace		Mother's Birthplace		Kent			
Name of person giving information		Al Davis		How related to deceased		Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe	How long	2 weeks
Immediate	Heart failure	How long	from the beginning of attack
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John Cooper
Accident or Suicide?		Address	Electors, Md



Name in Full

Certificate of Death

Mary E Boddy

Town

County

Died at

Perryman

Cecil

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

1

30

Age

38

9

26

no

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living Four

Husband of

Wife

Father's

Name

James E. J. Boddy

Mother's

Geo P Jones

Maiden Name

Mary Boddy

Cause of

Primary

Cancer

Death

Immediate

Lymphatic

How long sick

Four years

Accident, Suicide, Homicide

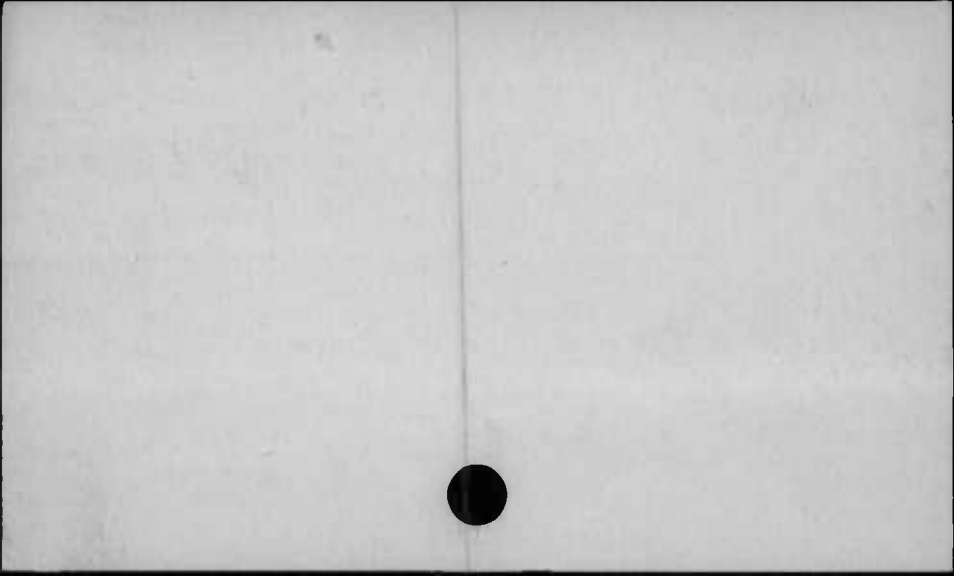
Reported by

Dr J B Shaw

Address

Perryman Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

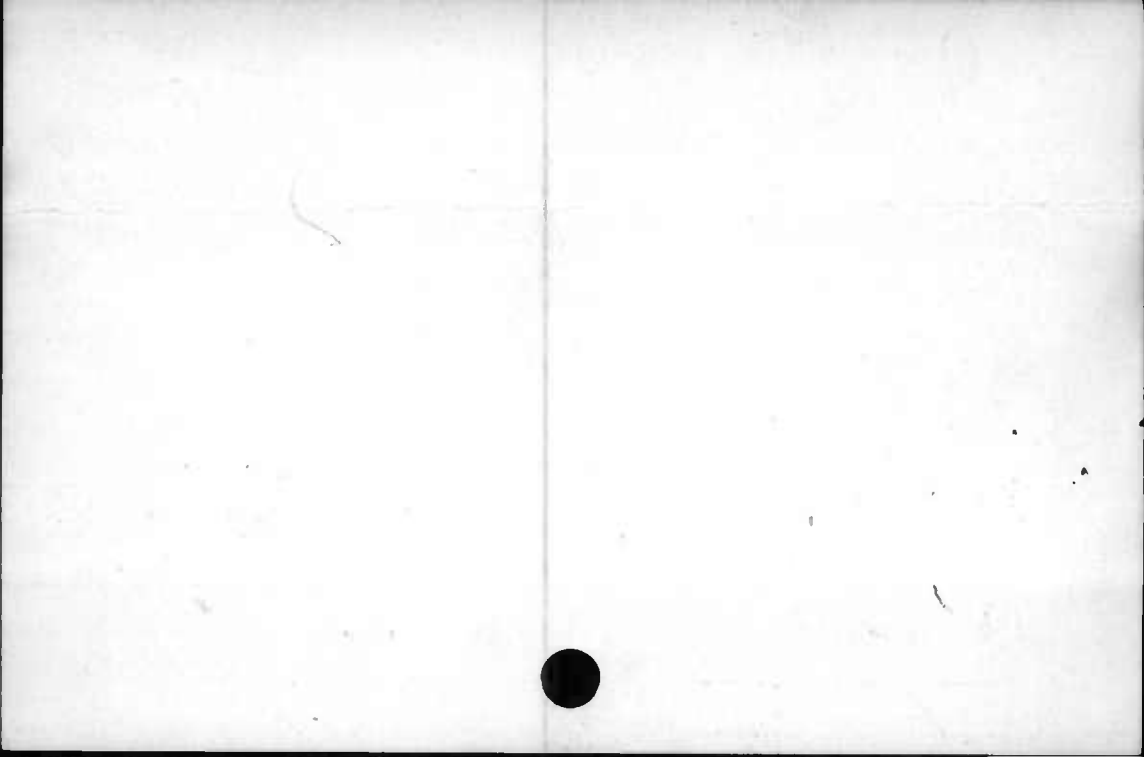
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Fair Hill</i>		County <i>Cecil</i>		MARYLAND		
Date of death <i>1905</i>	Month <i>1</i>	Day <i>27</i>	Age	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place			
Occupation <i>Blacksmith</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annalisa Moreland</i>					
Father's Name <i>Abraham Moreland</i>	Father's Birthplace					
Mother's Maiden Name <i>Mary McClelland</i>	Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Henry Moreland</i>	How related to deceased <i>Step son</i>					

CAUSES OF DEATH

Primary	<i>Arterio-sclerosis & Dilated Heart</i>	How long	<i>3 mos</i>
Immediate	<i>Dilated Heart</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>O. W. Prannico</i>
		Address	<i>Cherry Hill, MD.</i>
Accident or Suicide? <i>—</i>			

PHYSICIAN
OR CORONER
7



Name in Full

Certificate of Death

Died at

Date 19 05

Husband

Wife

Fether's

Neme

Ceuse of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Maiden Name

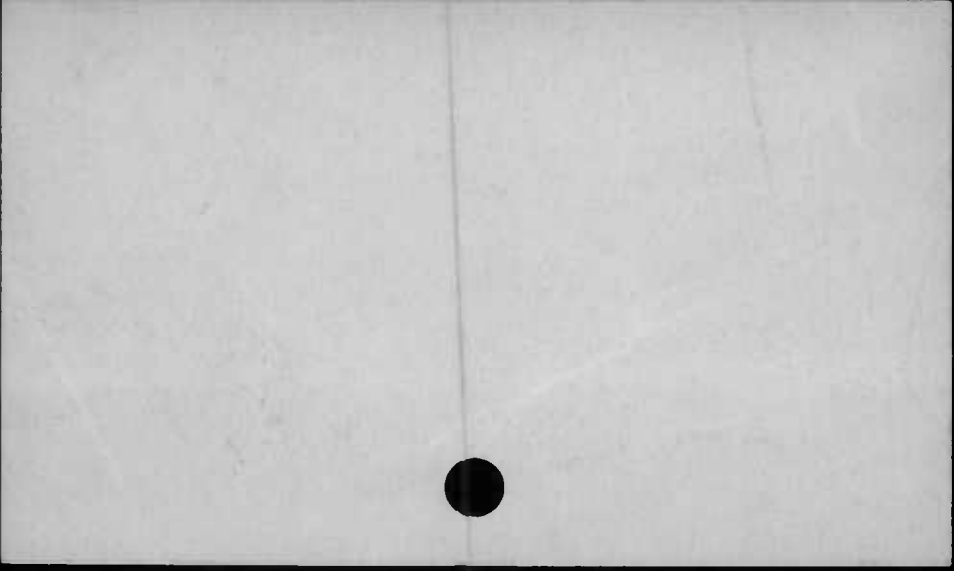
How long sick

3 months

Accident, Suicide, Homicide

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Thomas Burns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

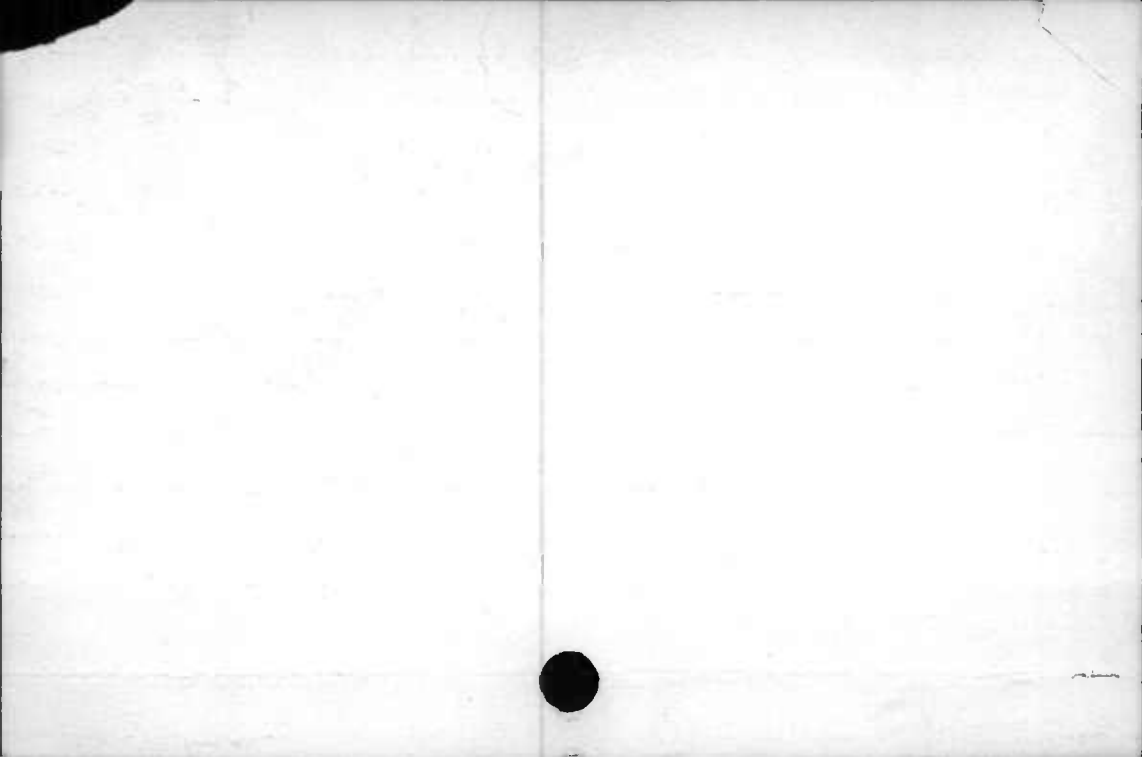
Died at		Town North East		County Cecil County			
Date of death		Month Jan.	Day 21.	Years 69	Months 4	Days	
Sex male		Color or Race White		Birthplace Bay View, Md.			
Occupation Farmer		Where Residing if not at place of death North East					
Married, Single or Widowed Married		Name of Wife or Husband Augusta C. Burns					
Father's Name Henry Burns		Father's Birthplace Bay View, Md.					
Mother's Maiden Name Hannah McVay		Mother's Birthplace Bay View, Md.					
Name of person giving information Virginia Treassey		How related to deceased sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Kidney	How long 2 Months
Immediate Urinary Poisoning	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician B. Sweeney
	Address North East

Accident or Suicide?



Name
in
Full

Ella Campbell

CERTIFICATE OF DEATH

MARYLAND

Died at

Blythedale

County

Ceil

Date

of death 1908

Month

1

Day

22

Age

Years

28

Months

—

Days

Sex

Female

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Walter Campbell

Father's
Name

Samuel Jackson

Father's
Birthplace

Ceil Co

Mother's
Maiden Name

Mary Batteras

Mother's
Birthplace

" "

Name of person giving
In formation

Walter Campbell

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Puerperal Fever

How long

12 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

G. M. H. H. H.
Brynders

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

Anthony

Name
in
Full

Sarrak V chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North East</i> Town		<i>cecil</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>1</i>	Day <i>9</i>	Years <i>34</i>	Months <i>8</i>	Days <i>9</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband			
Father's Name <i>R Thomas Howard</i>			Father's Birthplace <i>Zion</i>		
Mother's Maiden Name <i>Emma C. Jones</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>R Thomas Howard</i>			How related to deceased <i>Father</i>		

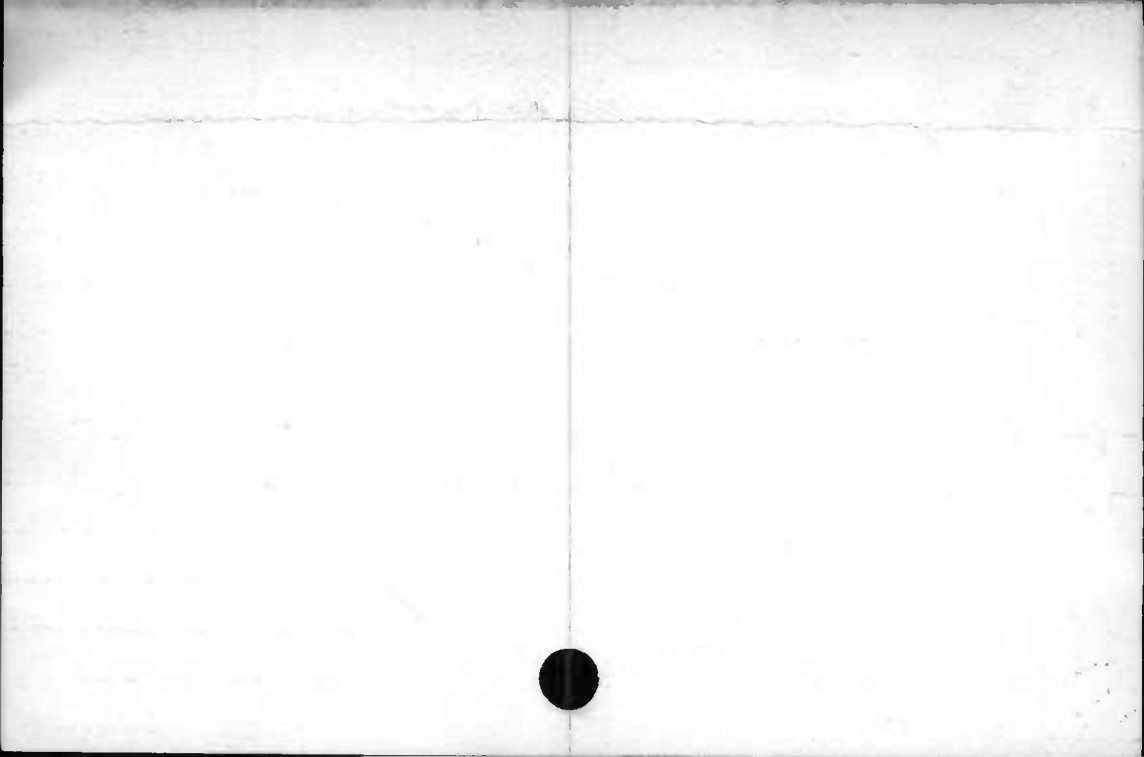
CAUSES OF DEATH

Primary	<i>Pneumonia & Kidney</i>	How long	<i>2 weeks</i>
Immediate	<i>Heart</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>B. H. [unclear]</i>	
		Address <i>N. E. [unclear]</i>	
Accident? <i>No</i>			

PHYSICIAN
OR CORONER

Rose Bant

Name in Full		Sarah Fie				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Pleasant Hill		County Cecil		MARYLAND
	Date of death		1905	Month Jan	Day 29	Age 70	Months
	Sex Female		Color or Race White		Birth-place Penn		
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Widowed		Name of Wife or Husband Joseph Fie		
	Father's Name		Jesse F Cole			Father's Birthplace Pa	
Mother's Maiden Name		Margaret McCree			Mother's Birthplace Maryland		
Name of person giving information		Margaret A Henry			How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Groupe Pneumonia			How long 12 hours	
	Immediate		"			How long 93	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician L. A. Miller,		
					Address North East, Md.		
Accident or Suicide?		<input checked="" type="radio"/> Accident <input type="radio"/> Suicide					



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hammer David Fields

Town *Port Deposit* County *Cecil* MARYLAND

Died at *Port Deposit*

Date of death *1905 Jan 6* Age *5-2* Months *3* Days

Sex *Female* Color or Race *Colored* Birth-place *MeCo*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Married* Name of Wife or Husband *Married*

Father's Name *Benjamin Brown* Father's Birthplace *Canago*

Mother's Maiden Name *Florida Berry* Mother's Birthplace *---*

Name of person giving information *Hammer Scott* How related to deceased *mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

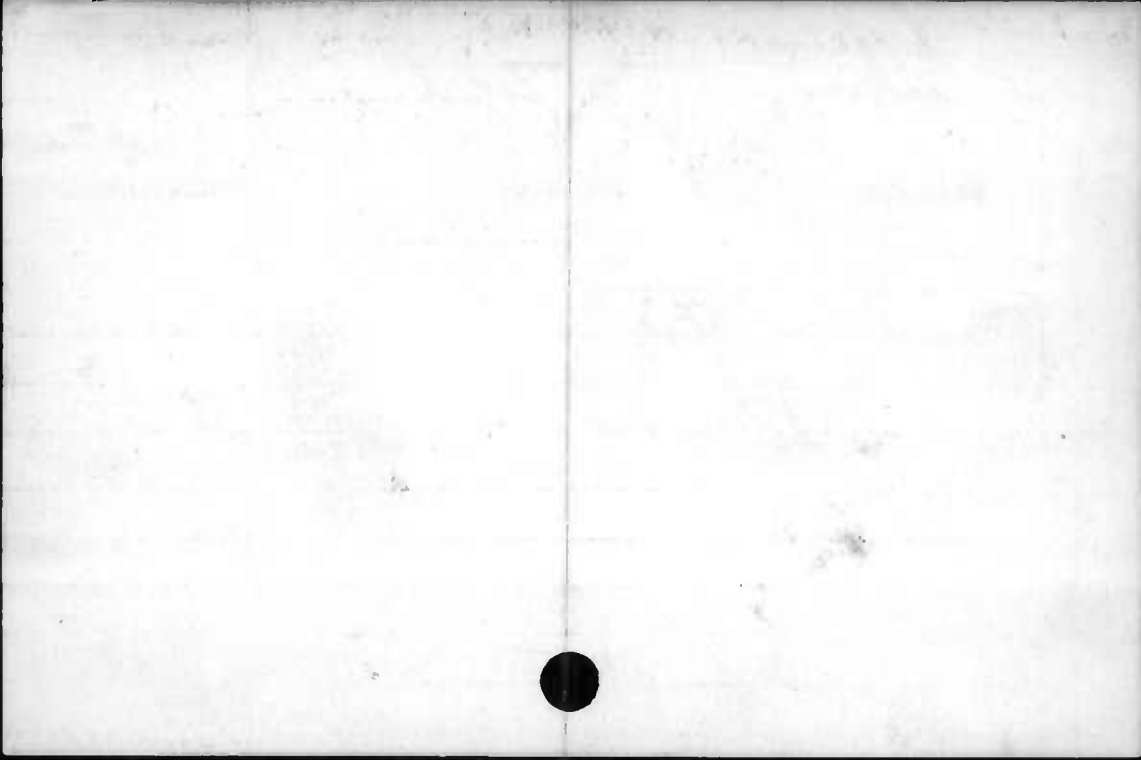
Primary *Apoplexy* *64* How long *few minutes*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. H. Clummon* Address *Port Deposit Ind*

Accident or Suicide? *---*



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Infant</i> Town		<i>Cecil</i> County		MARYLAND
	Date of death <i>1905-</i>	Month <i>1</i>	Day <i>14</i>	Age <i>—</i> Years	Months <i>1</i> Days <i>5-</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Aikiri</i>	
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed	Name of Wife or Husband			
	Father's Name <i>John Fisher</i>	Father's Birthplace <i>Cecil Co</i>			
	Mother's Maiden Name <i>Sallie Hale</i>	Mother's Birthplace <i>" "</i>			
Name of person giving information <i>John Fisher</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Heart failure</i>			How long
	Immediate				How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. W. Fisher</i>		
			Address <i>Perryville Md.</i>		
	Accident or Suicide?				

St Marks Church

Name
in
Full

Sarah E. Foster

CERTIFICATE OF DEATH

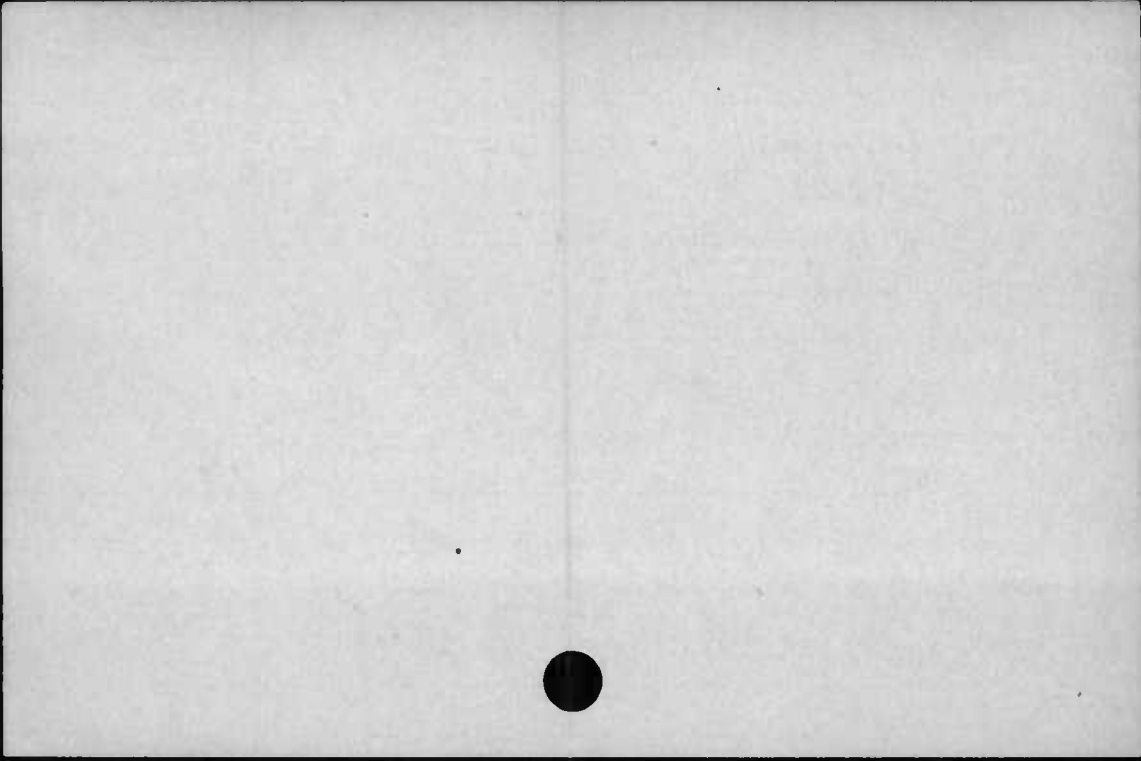
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake City</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1905	Month	Jan	Day	10
Age		14 years		Months	
Sex	Female	Color or Race	white	Birth-place <i>Conshohocken Pa</i>	
Occupation	School girl		Where Residing if not at place of death		
Married, Single or Widowed	single		Name of Wife or Husband		
Father's Name	Amos P. Foster			Father's Birthplace	<i>Chesapeake City</i>
Mother's Maiden Name	Julia Lloyd Foster			Mother's Birthplace	<i>Chesapeake City</i>
Name of person giving information	Amos P. Foster			How related to deceased	<i>Father</i>

CAUSES OF DEATH

Primary	How long
Immediate <i>Drowning</i>	How long
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	<i>Rebecca Nelson</i>
Address	<i>Coron of Cecil County</i>
Accident or Suicide?	<i>Accident</i>
	<i>Elkton, Maryland.</i>

/ PHYSICIAN
CORONER



Name
in
Full

Robert Yease

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Cherry Hill, Alms home Cecil

Date of death 1905 Jan.

Day 12

Age 24

Months

Days

Sex Male

Color or Race

Black

Birth-place

Maryland

Occupation

Fireman

Where Residing if not at place of death

Cecil Co. Alms home

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Do not know anything

Father's Birthplace

—

Mother's Maiden Name

more about him

Mother's Birthplace

—

Name of person giving information

or his parents.

How related to deceased

—

CAUSES OF DEATH

Primary

Phthisis Pulmonalis

How long

Two years

Immediate

"

"

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

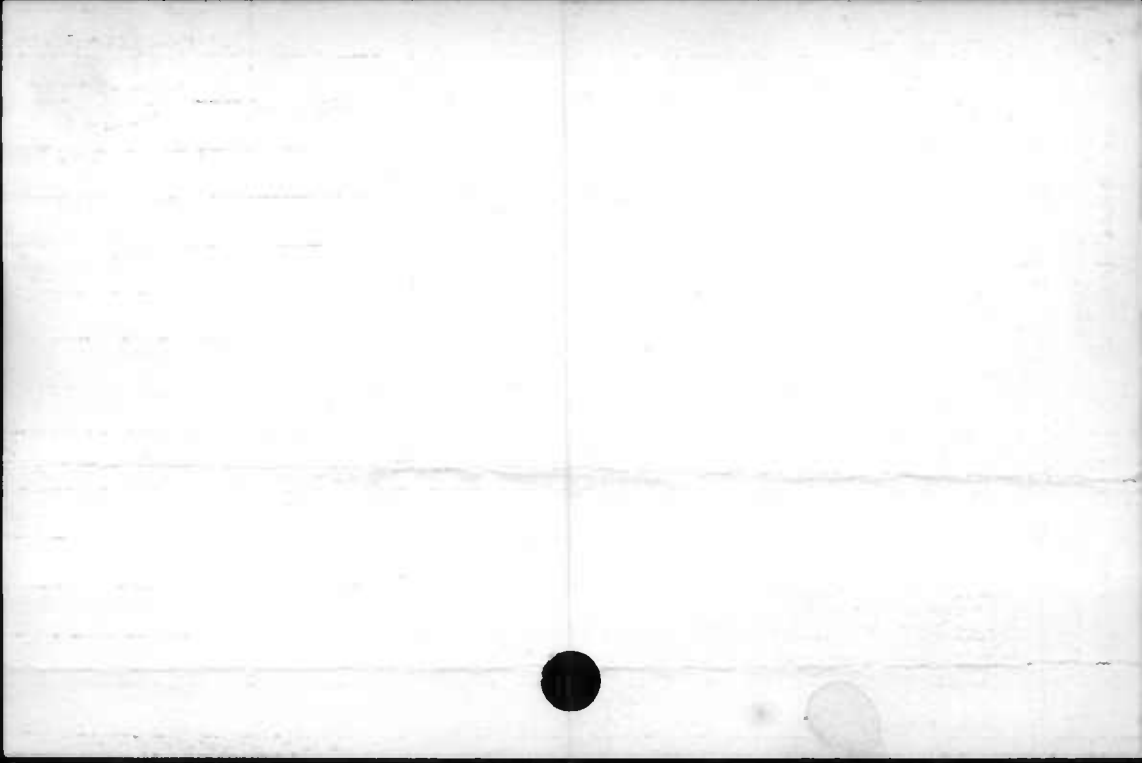
Address

Cherry Hill, North East, Maryland.

Accident or Suicide?

PHYSICIAN
OR CORONER

1



Name
in
Full

Charles Gunther

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Port Deposit^{County} CecilDate
of death 1905-Month
1Day
17Age
Years 85-

Months

Days

Sex Male

Color or
Race

White

Birth-
place

Germany

Occupation

Tailor

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Louisa Kane

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Nephritis

How long

6 Mos

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

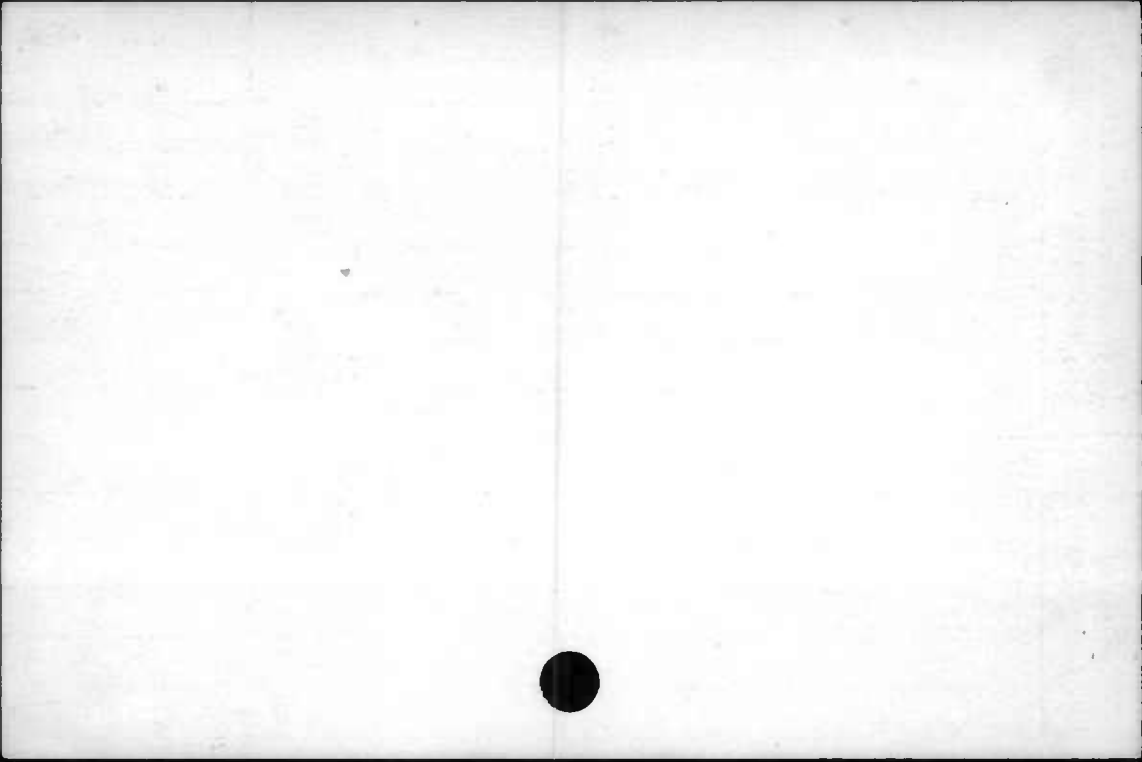
Signature of
Physician

Address

S. H. Fisher
Port Deposit, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Lois Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Perryville* Town *Cecil* County
 Date of death *1905-11-17* Month *11* Day *17* Age *3* Years Months Days
 Sex *Female* Color or Race *White* Birth-place *Perryville*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *Howard Jackson* Father's Birthplace *Cecil Co*
 Mother's Maiden Name *Eva Williams* Mother's Birthplace *" "*
 Name of person giving information *Howard Jackson* How related to deceased *Father*

CAUSES OF DEATH

Primary *Tubercular Meningitis* How long _____
 Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. M. Humph
Perryville Md

Accident or Suicide?

Ebenzer

Name
in
Full

Sadie Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Perryville^{County} Cecil

Date of death 1905-

Month 1

Day 21

Age 2

Years 11

Months Days

Sex Female

Color or Race White

Birth-place Perryville

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Evans Jackson 93

Father's Birthplace Cecil Co

Mother's Maiden Name Jennie Blackburn

Mother's Birthplace Harford Co

Name of person giving information Evans Jackson

How related to deceased Father

CAUSES OF DEATH

Primary Meningitis following

How long Pneumonia 5

Immediate Progressive Cardiac Asthenia

How long 10

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician L. S. Taylor

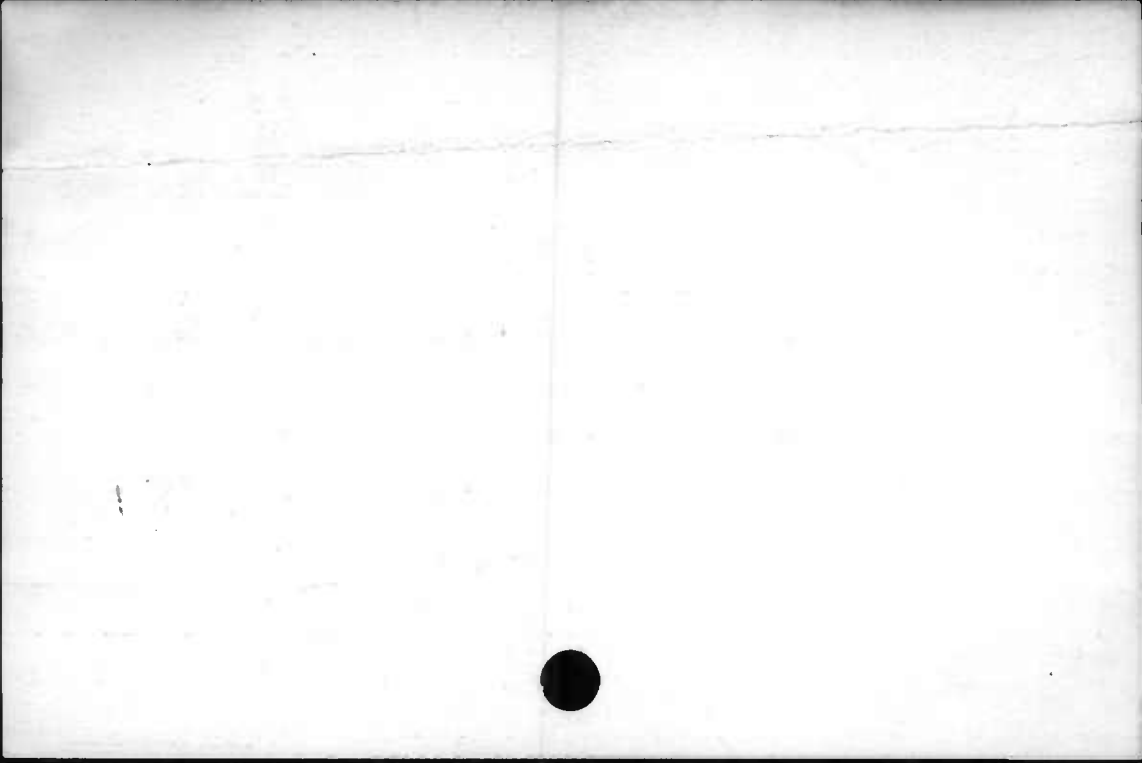
Address Perryville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Acberg

Name in Full Elizabeth L Mackie		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Wear Fair Hill		County Beech
	Date of death 1905		Month 1
	Day 13		Age 55
	Sex Female		Color or Race White
	Occupation Housewife		Where Residing if not at place of death Ind
	Married, Single or Widowed Widow		Name of Wife or Husband —
	Father's Name David Mackey		Father's Birthplace —
Mother's Maiden Name Catharine Holland		Mother's Birthplace —	
Name of person giving information —		How related to deceased Daughter	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Tuberculosis		How long. 8 months
	Immediate Exhaustion		How long —
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E. J. Garrison
			Address Cherry Hill Ind
	Accident or Suicide? —		



Name
in
Full

Alexander Pachell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Perryville* ^{County} *Cecil*Date of death 1905- ^{Month} *1* ^{Day} *4* ^{Years} *—* ^{Months} *2* ^{Days} *—*Sex *Male* Color or Race *White* Birth-place *Perryville*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Alexander Pachell* Father's Birthplace *Cecil Co*Mother's Maiden Name *Mary Darling* Mother's Birthplace *" "*Name of person giving information *Mary Pachell* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Marasmus* ¹⁵¹ How long *Some*Immediate *Progressive Cardiac Asthenia* How long *Time*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *G. Daylor*Address *Perryville*Accident or Suicide? *—*PHYSICIAN
OR CORONER

North East

Name
in
Full

Robert Reynolds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rowlandville</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>11</i>	Day <i>7</i>	Age <i>26</i>	Months <i>8</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cecil Co Md</i>			
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Mary Reynolds</i>			
Father's Name <i>Henry Reynolds</i>			Father's Birthplace <i>Cecil Co Md</i>		
Mother's Maiden Name <i>Sarah Archibald</i>			Mother's Birthplace <i>Cecil Co Md</i>		
Name of person giving information <i>Walter Reynolds</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>22 days</i>
Immediate <i>Inanition</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. E. Brown.</i>
	Address <i>Port Deposit, Md.</i>
Accident or Suicide? <input type="checkbox"/>	

W. Nottingham

Name
in
Full

Myrtle M Rice

CERTIFICATE OF DEATH

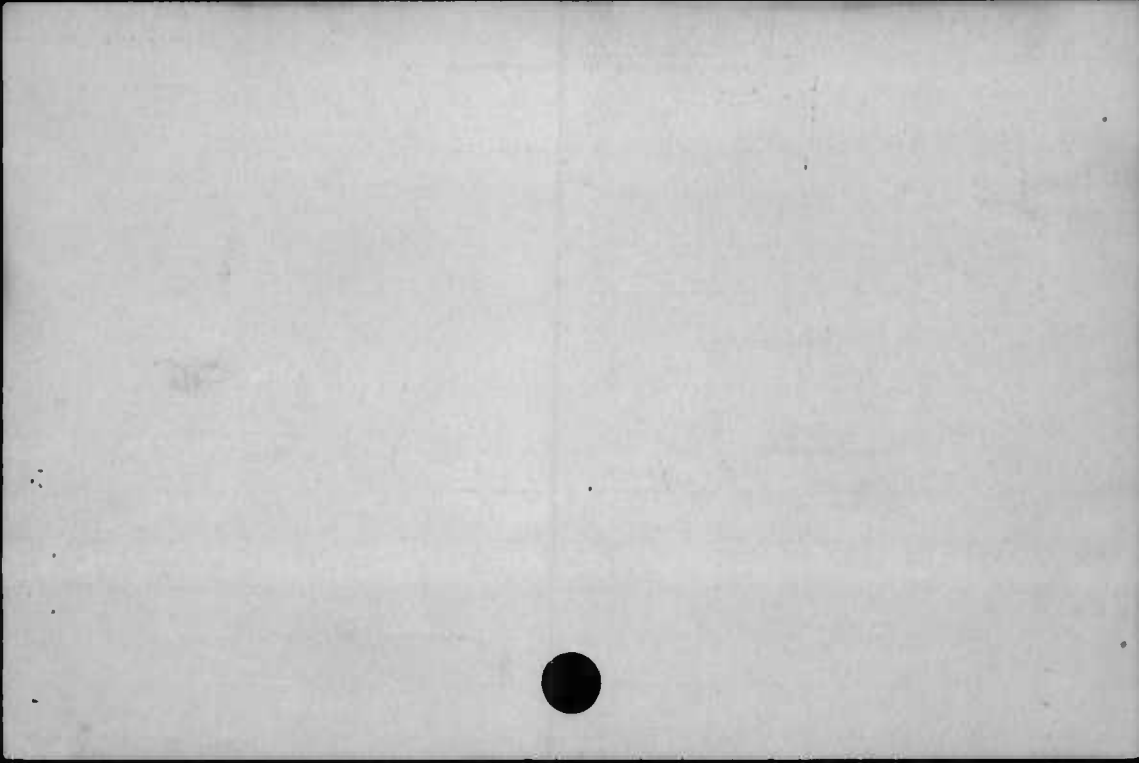
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		July	19	7		11	-
Sex	Female		Color or Race	Black		Birthplace	Rising Sun
Occupation	-			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			John H. Rice		Father's Birthplace		
Mother's Maiden Name			Lena Lewis		Mother's Birthplace		
Name of person giving information			Lena Lewis		How related to deceased		
					Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Indigestion	How long	104	How long	Two hours
Immediate	Conspicuous	How long		How long	Two hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address			
		Rising Sun Md			
Accident or Suicide?					



Name
in
Full

Louis Rothwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Elkview* TownCounty *Beech*Date
of death *1905*Month *1*Day *16*

Age

Years *—*Months *8*Days *—*Sex *Male*Color or
Race*White*Birth-
place*Ind*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Richard Rothwell*Father's
Birthplace*Ind*Mother's
Maiden Name*Larua Freeman*Mother's
Birthplace*Ind*Name of person giving
In formation*Richard Rothwell*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Pneumonia

How long

9 days

Immediate

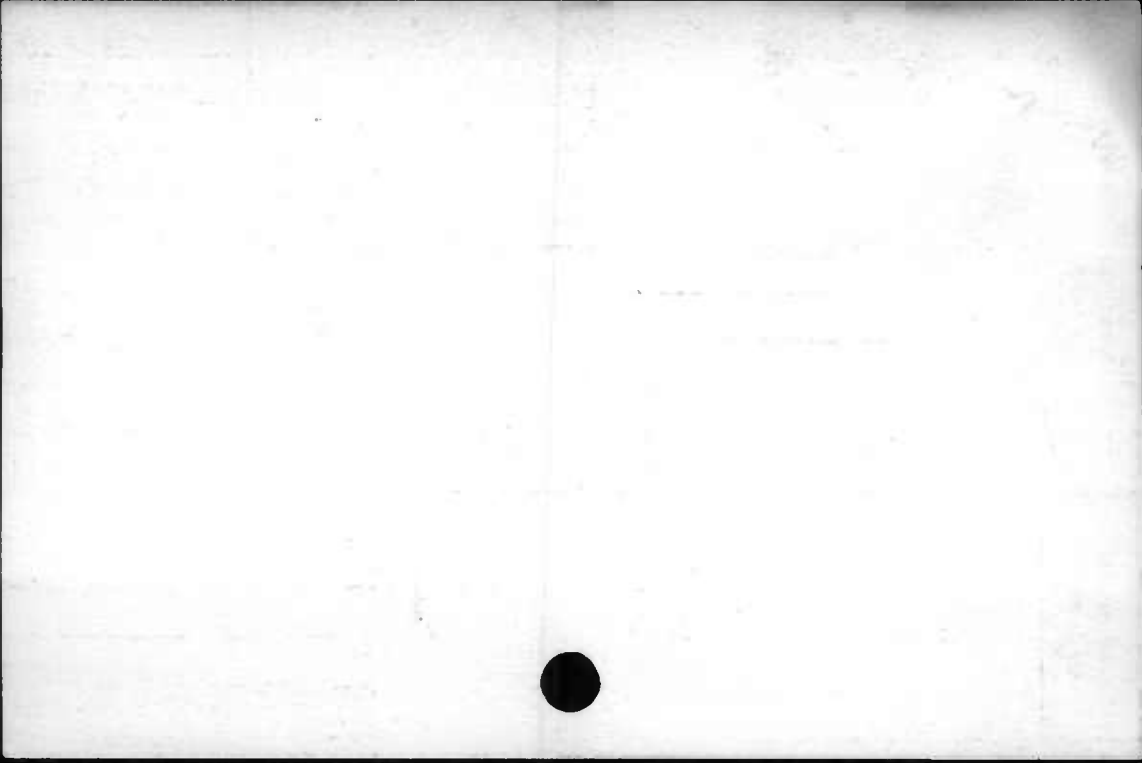
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

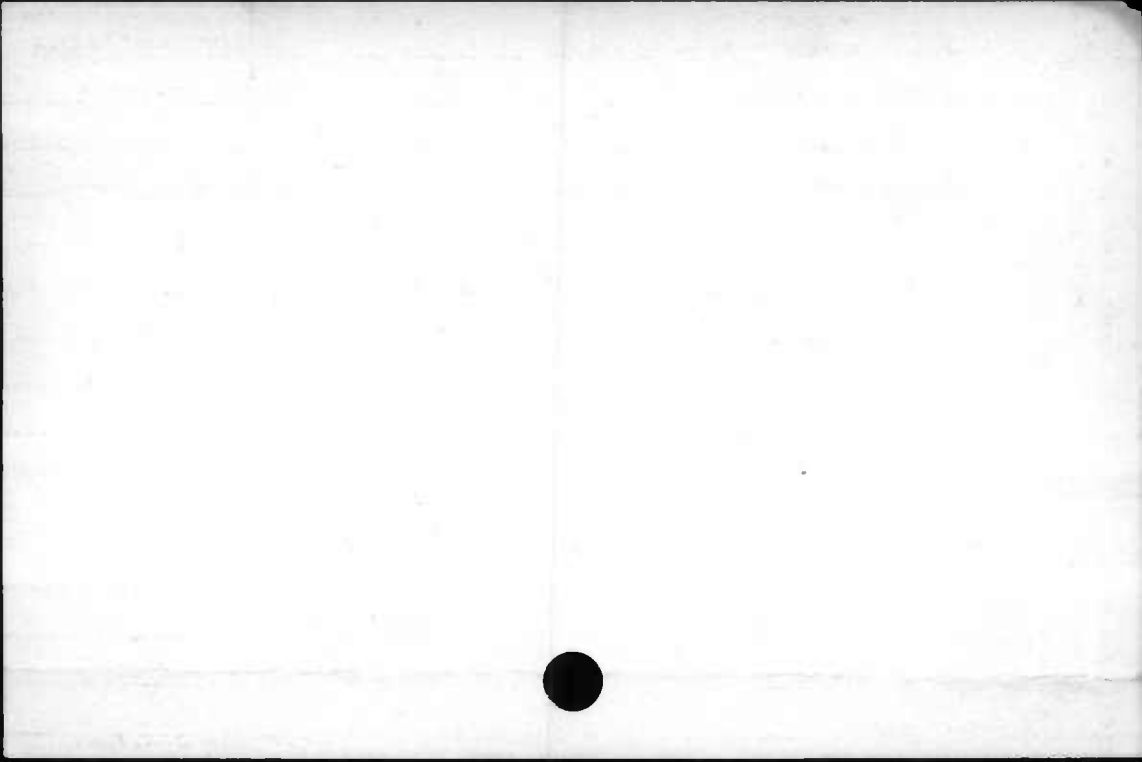
*93
W. H. Mitchell M.D.
Elkview Ind.*PHYSICIAN
OR CORONER

①

~~Accident or Suicide?~~



Name -in Full		Loel Scatter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at North East Town			Cecil County		MARYLAND	
	Date of death 1906- January		Day 13	Age 71	Months	Days	
	Sex Male		Color or Race White		Birth-place York Co Pa		
	Occupation labor			Where Residing if not at place of death			
	Married, Single or Widowed Single		Name of Wife or Husband				
	Father's Name Loel Scatter			Father's Birthplace Not known			
	Mother's Maiden Name Not known			Mother's Birthplace Not known			
	Name of person giving information Israel P Dean			How related to deceased Nephew			
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary Cancer		46	How long Two Years			
	Immediate			How long			
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. A. Worrall				
			Address North East, Md.				
	Accident or Suicide?						



Name
In
Full

Joseph Rogers

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Cherry Hill ^{County} CecilDate of death 190 5 ^{Month} Jan. ^{Day} 24 ^{Age} ^{Years} 36 ^{Months} ^{Days}Sex ~~Black~~ male Color or Race colored Birthplace Elberton, Ind

Occupation Farmer Where Residing if not at place of death Cherry Hill, Alabama

Married, Single or Widowed married Name of Wife or Husband Rogers

Father's Name Do not know Father's Birthplace Ind

Mother's Maiden Name Do not know 68 Mother's Birthplace Ind.

Name of person giving information W. M. Money 68 How related to deceased

CAUSES OF DEATH

Primary Epilepsy Insanity How long Do not know

Immediate " " How long "

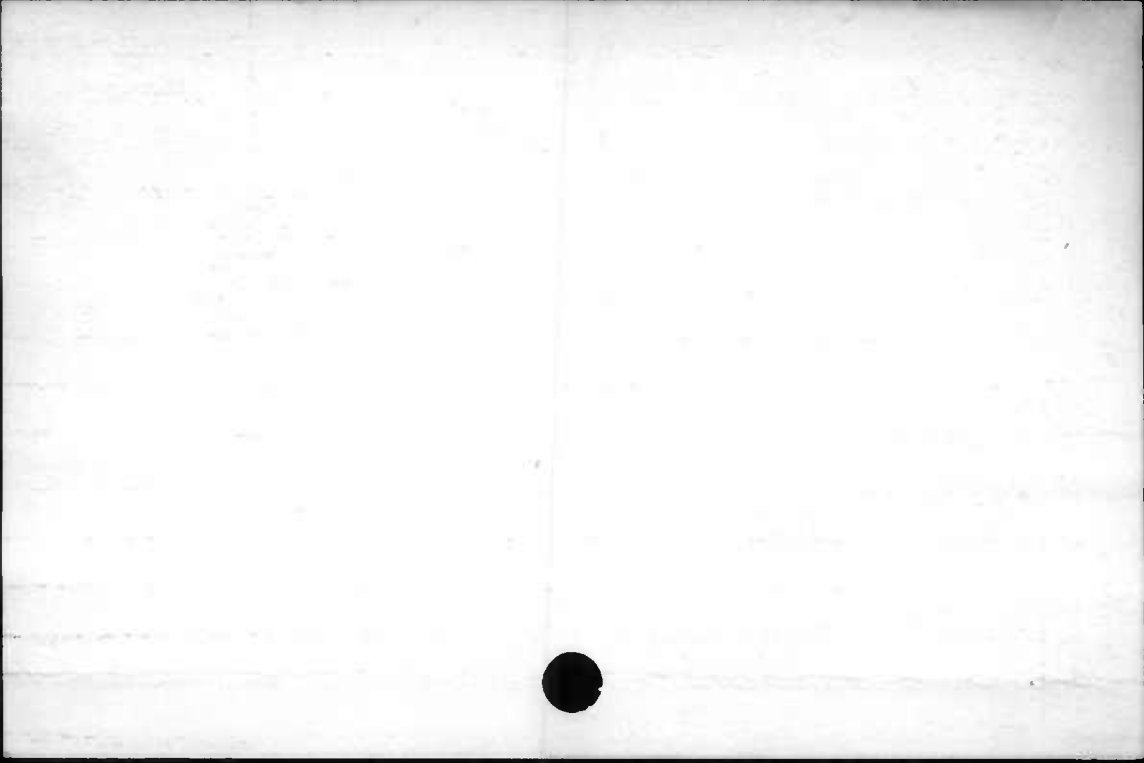
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Chas. E. Miller

Address North East, Ind

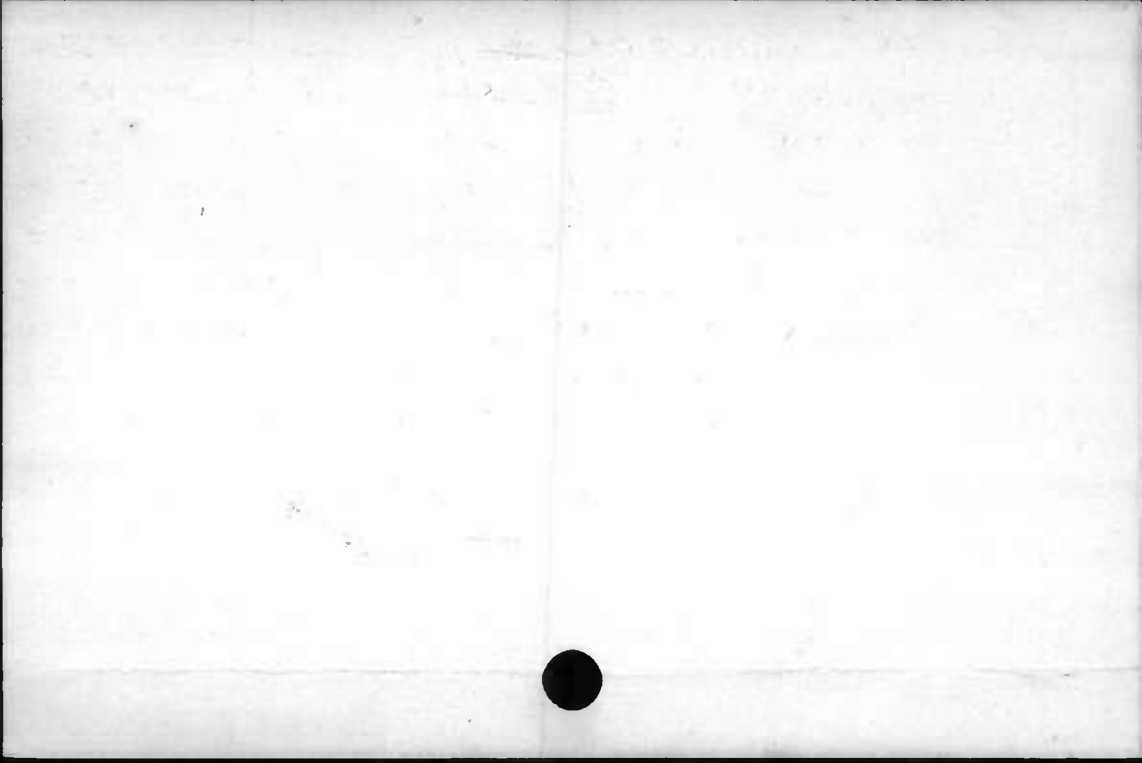
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name in Full		George Simcoe				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Bay View		Cecil		Maryland		
		Date of death		Month	Day	Years	Months	Days
		1905		Jan	29	Age 82	5	
		Sex		Color or Race		Birthplace		
male		white		Carpenter pt. Nees				
Occupation		Farmer				Where Residing If not at place of death		
Married, Single or Widowed		married				Name of Wife or Husband		
Father's Name		William Simcoe				Father's Birthplace		
Mother's Maiden Name		Rebecca Casier				Mother's Birthplace		
Name of person giving information		W. H. Simcoe 154				How related to deceased		
		Son						
		CAUSES OF DEATH						
PHYSICIAN OR CORONER 1		Primary				How long		
		General Debility				One Year		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
		yes				Address		



Name in Full Luna Stricker		CERTIFICATE OF DEATH	
Died at Principio Furnace <small>Town</small>		Cecil <small>County</small>	
Date of death 1905- <small>Month</small> 1 <small>Day</small> 21		Age 22 <small>Years</small> — <small>Months</small> — <small>Days</small>	
Sex Female		Color or Race White	
Occupation —		Birth-place —	
Where Residing if not at place of death —			
Married, Single or Widowed Married		Name of Wife or Husband Albert Stricker	
Father's Name Samuel Jackson		Father's Birthplace Cecil Co	
Mother's Maiden Name Mary Patterson		Mother's Birthplace " "	
Name of person giving information Albert Stricker		How related to deceased Husband	
CAUSES OF DEATH			
Primary Tuberculosis of lungs		How long 27	
Immediate —		How long —	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo. W. King	
		Address Pahville Ind -	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Handwritten text, possibly a signature or name, oriented vertically on the right side of the page.

Name
in
Full

Edith Turney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Chesapeake City* ^{Town}*Cecil* ^{County}

MARYLAND

Date
of death *1905*Month
*Jan.*Day
*10*Age *14 yrs*

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Chesapeake City*

Occupation

*School girl*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*William J. Turney*Father's
Birthplace*Chesapeake City*Mother's
Maiden Name*Ida Hurlow Turney*Mother's
Birthplace*Chesapeake City*Name of person giving
In formation*William J. Turney*How related
to deceased*Sister*

CAUSES OF DEATH

Primary

How long

Immediate

Drowning

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*172*
Richard Nelson

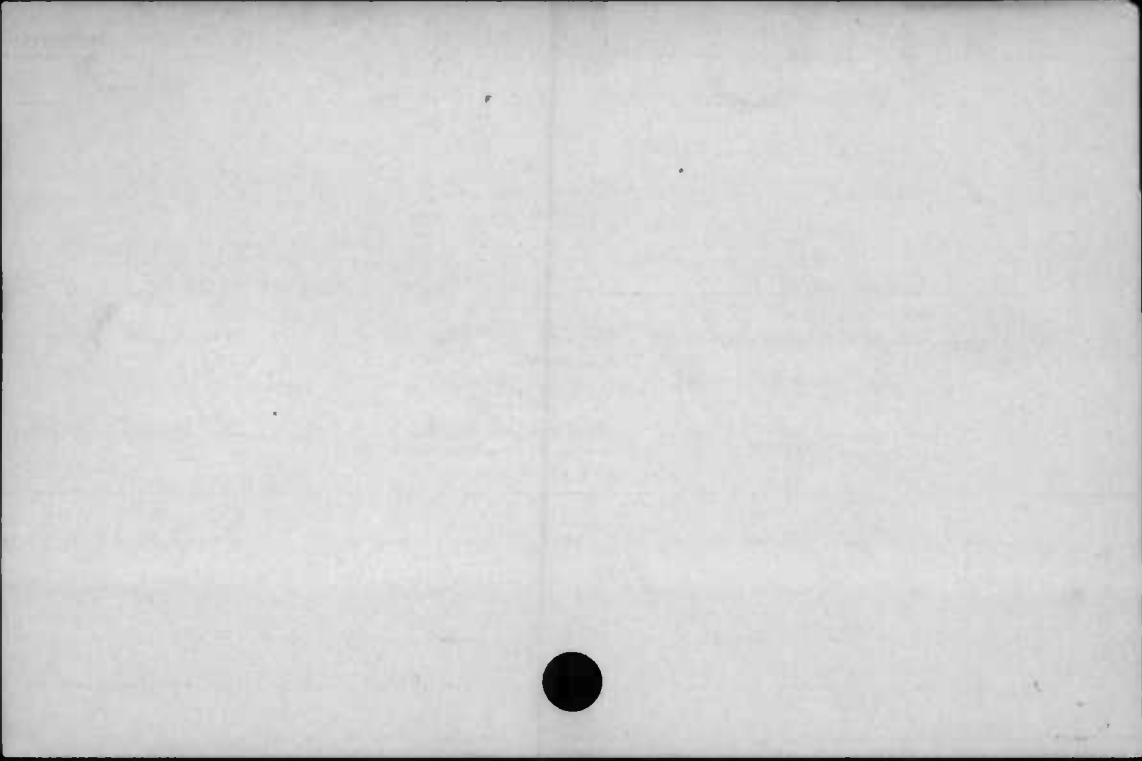
Address

*Corona, of Cecil Co
Elkton, Md.*

Accident or Suicide?

*Accident*PHYSICIAN
OR CORONER

1



Name

th
Full

Richard William

CERTIFICATE OF DEATH

Died at *New Eketon* ^{Town}*Beauf* ^{County}

MARYLAND

Date

of death *1905*

Month

1

Day

27

Age

Years

80

Months

Days

Sex

*Male*Color or
Race*Colored*Birth-
place

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Pneumonia

How long

2 wks

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

H. Arthur Mitchell M.D.
Elkton Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

